PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number 10/511694

	CLAIMS AS FILED - PART I							SMALL ENTITY			OTHE	R THAN
١r	TOTAL CLAIN	AC	(Colu	(Column 1) (Column 2)			TYPE [OI	SMAL	L ENTITY
\parallel	TOTAL CLAIR	——————————————————————————————————————						RATE	FEE		RATE	FEE
	FOR			NUMBER FILED NUMBER EXTRA		ER EXTRA	BASIC		EE	Oi	BASIC FE	E 957
1	TOTAL CHARGEABLE CLAIMS			34 minus 20=				XS 9=		ÖF	X\$18=	253
Ι⊢	DEPENDENT			minus 3 =				X43=		OF	X86=	1
Ľ	MULTIPLE DEPENDENT CLAIM PRESENT							-145=		OF		1
	If the difference in column 1 is less than zero, enter "0" in column 2						į	TOTAL		OF	`	11-75
	CLAIMS AS AMENDED - PART II								L			THAN
_		(Column 1)		(Column 2) (Column 3)			_	SMALL	- ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOI	R SLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		XS 9=		OR	X\$18=	
AME	Independent	<u> -</u>	Minus			=		X43= ·	1	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 145 -	1		. 200	
		•					L	+145=		OR	+290=	
							Al	DOIT, FEE		JOR .	ADDIT. FEE	
		(Column 1)		(Column :		Column 3)	_			-,		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSI PAID FOR	LY I	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**	=	·		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***	=			X43=		OR.	X86=	
	FIRST PRESE	MIATION OF MO	ULTIPLE DEI	TIPLE DEPENDENT CL			1	+145=			+290=	
								TOTAL	····	OR	TOTAL	• •
								DIT. FEE		OR ,	DDIT. FEEL	
		(Column 1)		(Column 2	5). (C	olumn 3).						
	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR		RESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENI	Fotal	•	Minus	ere.	=		,	(\$ 9=		OR	X\$18=	
	ndependent	•	Minus	***	=		 	<43=			X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
	he entry in calue	n 1 is lose than the		0 www. •0* !-	·	.a .		145=		OR	+290=	·
II E	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE										TOTAL ODIT. FEE	
· Th	e "Highest Numb	per Previously Paid per Previously Paid	For (Total or	Independent) is	than 3,	enter "3." iest number fo			nopriate box			